

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$32.00 for dates of service, 02/20/02 and 02/27/02.
- b. The request was received on 06/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Copy of the Carrier's computer print screen
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 12/13/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 12/13/02. The response from the insurance carrier was received in the Division on 12/27/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Supplemental Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 11/26/02

“According to the TWCC Fast Facts published by the Commission, the medical doctor is the one to determine what information is needed for per-certification and the information may be presented over the telephone. The pre-cert company refused to take the information over the telephone, requiring extra time and paperwork to write the information down and submit the narrative information by fax. Then they denied the request even when they had the information to make the decision, thus delaying care which delays return to work by the injured worker. The insurance company was in violation of administrative law by not allowing (Requestor) speak [sic] to the person making the decision. TWCC rule 134.600(f)(2). The insurance company’s pre-cert agent was also in violation of the Texas Administrative Code Rule 19.2001(c).”

2. Respondent: letter dated 12/27/02

“Per the Act and Rules an insurance carrier is liable for all reasonable and necessary medical costs *relating to the health care required to treat a compensable injury*. As required in Rule 134.600 (d) the (Carrier) has provided accessible direct telephone and facsimile numbers for use by the requestor to request preauthorization during normal business hours. Medical documentation was requested at the time of the preauthorization request in order to determine the reasonable and necessity of the procedure. Therefore, the (Carrier) will maintain the denial of charges for medical reports submitted at the time of preauthorization.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 02/20/02 and 02/27/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$32.00 for services rendered on the above dates in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above dates in dispute.
5. Carrier’s EOB denies payment as, “F15 Reduction According to Fee Guideline. Report not required under TWCC Guidelines.”
6. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$32.00 for services rendered on the dates of service in dispute.

7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/20/02	99080	\$15.00	\$0.00	F15,D	DOP	TWCC Rule	TWCC Rule 133.304 states "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." The Carrier's EOB does not address or support their denial for CPT Code billed. Therefore, the Carrier has not supported their denial in accordance with TWCC Rule 133.304 (c). Reimbursement of \$32.00 is recommended
02/27/02	99080	\$15.00	\$0.00	F15,D	DOP	133.304 (c)	
02/27/02	99080	\$2.00	\$0.00	F15,D	DOP	MFG General Instructions (III); MGR; CPT Descriptor	
Totals		\$32.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$32.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$32.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 22nd day of January 2003.

Denise Terry
 Medical Dispute Resolution Officer
 Medical Review Division
 DT/dt